MICHIGAN COUNCIL FOR Maternal & Child HEALTH

Written comments for House Michigan Competitiveness Committee hearing on 5/16/13

EXECUTIVE DIRECTOR
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Dear Chairman Shirkey and members of the committee:

Good afternoon, my name is Amy Zaagman and I am the executive director of the Michigan Council for Maternal and Child Health. Council membership is comprised of large hospital systems, statewide organizations and smaller local entities organized around the belief that through a collective voice they can impact policy and encourage the need to invest in prevention strategies that will improve maternal and child health in Michigan. We appreciate this opportunity to share our thoughts on HB 4714 as drafted.

Thus far in the debate on if, and how, Michigan will access the federal option to cover some uninsured populations, we have added somewhat of a unique perspective as you will see from the attached talking points. Because pregnant women and children are currently covered in Michigan up to 185% and 200% of the federal poverty level (FPL) respectively, we have focused on the benefits that can be derived from making coverage available to women of childbearing age and below 138% of the FPL before they become pregnant, following a pregnancy or between pregnancies. It is important to understand that complications during pregnancy, birth outcomes, as well as the viability of infants in their first year can, in many cases, be traced back to the underlying health of the mother before she becomes pregnant.

For example, a woman who lacks insurance coverage and does not have a regular primary care provider may have unmonitored and uncontrolled hypertension or diabetes. If she becomes pregnant and gains coverage through Medicaid temporarily, it is a difficult task for her providers to address her underlying chronic condition as well as adequately care for her pregnancy. Both of these chronic health examples can contribute to significant complications during pregnancy and can result in preterm birth, the leading cause of infant mortality or death before age 1.

We believe there is a compelling interest for the state to allow women below 138% of the FPL to have coverage throughout their childbearing years for consistency of care and improved outcomes. The financial benefits of such a move can be quickly realized if even a small percentage of babies are born full-term instead of premature, if pregnancy complications are avoided because of health management before pregnancy and if services after pregnancy targeted for a new mother keep her healthy for her family – just to highlight a few of those benefits.

The human costs are somewhat obvious given the proven impact of preconception and prenatal health policies on both infant and maternal

mortality. You are well aware of Michigan's need to address our infant mortality rate – our rate of loss in Michigan is higher than the national average, significantly higher for some populations. You may not be as aware that Michigan's has the HIGHEST maternal mortality rate in the nation meaning more women (per 1,000 live births) will die during pregnancy or within one year of giving birth in our state than any other.

Specific to the proposal put forth in HB 4714, we would like to add our voice on the much-discussed time limitations placed on "able-bodied" adults. For all the reasons already detailed, we feel strongly that such limitations could unnecessarily impact healthy pregnancies and birth outcomes. We would also have very vociferous objections to any such limits applying to pregnant women.

Not only would such a limit be a huge move backward, it would potentially create a tremendous care dilemma and unfunded liability for providers such as the obstetrician who is normally paid a case rate for the entire pregnancy. If a woman reaches her 48-month limitation mid-pregnancy, will her coverage be terminated? We have a growing issue in Michigan with a shortage of birthing hospitals (a situation that is greatly exacerbated by the current Medicaid rates). How much longer do we anticipate the remaining birthing hospitals will survive if they are forced to admit women in labor with no guarantee of payment?

We have significant questions as to the details surrounding the proposal laid out in HB 4714 and how it would be applied to pregnant women. Further, we feel HB 4714 would severely limit a tremendous opportunity to extend to our lowest income women consistency of care across their childbearing years that would clearly benefit our fight against infant and maternal mortality.

Respectfully submitted,

Amy U. Zaagman
Executive Director

MICHIGAN COUNCIL FOR Maternal & Child HEALTH

MATERNAL AND CHILD HEALTH is about ACCESS TO CARE

The Michigan Council for Maternal and Child Health is deeply concerned about preserving access to care for women and children.

A HEALTHY MICHIGAN PLAN WILL HELP FAMILIES

While pregnant women and children are currently covered to 185% and 200% of the federal poverty level respectively in Michigan, there are numerous benefits to the making opportunities available to other individuals with income below 138% of FPL:

- **Better preconception health of women**
  - Studies show preexisting obesity, hypertension, diabetes, sexually transmitted infections and other poor health indicators can compromise a healthy birth outcome
- **Better postnatal care of women**
  - Currently women lose their Medicaid eligibility 60 days postpartum but their ongoing health needs including support for breastfeeding, mental health and substance use services can have a direct impact on the infant
- **Better health of parents and caretaker relatives**
  - Children depend on the adults in their lives and they need them to be healthy and productive to grow and thrive
  - Studies show that children with insurance coverage are more likely to access care when the health-care decision-makers (adults) in their lives also have coverage that allows them to value preventive care
- **Better care for young adults**
  - As 19- and 20-year olds transition into adulthood we should seize the opportunity to establish good health behaviors and value for health coverage

A Healthy Michigan Plan that allows access to health care for women before and after they are pregnant as well as for adult family members will have a direct impact on the health and well being of infants and children in Michigan.

Access to the right care at the right time makes a difference. Women and families need that care and commitment today.